

Case Number:	CM15-0071557		
Date Assigned:	04/21/2015	Date of Injury:	06/30/2014
Decision Date:	05/20/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/15/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 29-year-old who has filed a claim for chronic hand, finger, and low back pain reportedly associated with an industrial injury of June 30, 2015. In a Utilization Review report dated March 31, 2015, the claims administrator failed to approve a request for a TENS unit purchase. The claims administrator referenced progress notes of February 9, 2015 and February 18, 2015 in its determination. The applicants attorney subsequently appealed. On April 6, 2015, the applicant reported ongoing complaints of hand and wrist pain, 3/10. The attending provider stated that the TENS unit and medications were helpful but did not elaborate further. Naproxen and continued usage of the TENS unit were endorsed, along with a rather proscriptive 20-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place. On March 9, 2015, the same 20-pound lifting limitation was again endorsed. Once again, it was not stated whether the applicant was or was not working, although the attending provider maintained that the medications and/or TENS unit were beneficial. On March 4, 2015, a 20-pound lifting limitation was again endorsed. On February 6, 2015, a topical LidoPro lotion was endorsed. On February 17, 2015, a TENS unit and a 20- pound lifting limitation were endorsed. Once again, it was not established whether the applicant was or was not working with said limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective purchase of TENS Unit for the left hand (unknown DOS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: No, the proposed TENS unit [purchase] was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit beyond an initial one-month trial should be predicated on evidence of a favorable outcome during said one-month trial, in terms of both pain relief and function. Here, however, the applicant had apparently been given the TENS unit in question in early 2015. Ongoing usage of the TENS unit, however, failed to generate any lasting benefit or functional improvement in terms of the parameters established in MTUS 9792.20f. The applicant's work status and work restrictions were unchanged from visit to visit, as noted above. A 20-pound lifting limitation was renewed on each visit, despite ongoing usage of the TENS unit. Ongoing usage of the TENS unit failed to curtail the applicant's dependence on analgesic medications such as naproxen and Lidoderm. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the device in question. Therefore, the request was not medically necessary.